

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

BONE MARROW CELL DIFFERENTIATION

the specification of which (check one)

X is attached hereto.

_____ was filed on _____ under Attorney's Docket Number _____
as Application Serial No. _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations Section 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, Sections 120 or 119(e) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

_____ Yes _____ No
(Number) (Country) (Filing Date)

I hereby claim the benefit under Title 35, United States Code, Sections 120 or 119(e) of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

<u>60/419,434</u> (Appln. Serial No.)	<u>October 18, 2002</u> (Filing Date)	<u>Pending</u> (Status-patent, pending, abandoned)
<u>60/479,066</u> (Appln. Serial No.)	<u>June 17, 2003</u> (Filing Date)	<u>Pending</u> (Status-patent, pending, abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys and/or agents to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

J. Rodman Steele, Jr.	Reg. No. 25,931
Gregory A. Nelson	Reg. No. 30,577
Joseph W. Bain	Reg. No. 34,290
Robert J. Sacco	Reg. No. 35,667
Stanley A. Kim	Reg. No. 42,730
Mark D. Passler	Reg. No. 40,764
Steven M. Greenberg	Reg. No. 44,725
Neil R. Jetter	Reg. No. 46,803
Pablo Meles	Reg. No. 33,739
Kevin T. Cuenot	Reg. No. 46,283
Terry W. Forsythe	Reg. No. 47,569
Mark M. Zylka	Reg. No. 48,518
Sarah E. Smith	Reg. No. 50,488
Amy A. Ostrom	Reg. No. 52,088
Michael K. Dixon	Reg. No. 46,665
Margaret J. McLaren	Reg. No. 53,303

Send correspondence to Stanley A. Kim, Ph.D., Esq., Akerman Senterfitt, 222 Lakeview Avenue, Suite 400, West Palm Beach, Florida 33402-3188 and direct all telephone calls to Stanley A. Kim, Ph.D., Esq. at (561) 653-5000.

FULL NAME OF 1st INVENTOR: Bryon E. Petersen

INVENTOR'S SIGNATURE: _____ DATE: _____

RESIDENCE: Gainesville, Florida

CITIZENSHIP: U.S.A.

POST OFFICE ADDRESS: 1821 N.W. 12th Road, Gainesville, FL 32605

FULL NAME OF 2nd INVENTOR: Seh-hoon Oh

INVENTOR'S SIGNATURE: _____ DATE: _____

RESIDENCE: Gainesville, Florida

CITIZENSHIP: KOREAN

POST OFFICE ADDRESS: 999 S.W. 16th Avenue, Apt. #83, Gainesville, FL 32601

{WP154265;1}